									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR								· [						
Effective October 1, 2003										10/781353				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			22		•			RAT	Ε	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*			X\$ 9=		,	OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		*			X43=			OR	X86=		
MÜ	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+145=			OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L		ΟŔ	TOTAL		
(a) ) CLAIMS AS AMENDED - PART II									•		•	OTHER		
NC	16/05	(Column 1)		(Colur	nn 2)	(Column 3)	SMAI		LLE	NTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER		HIGH NUM PREVIO	BER	PRESENT EXTRA		RATE	₌	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT		PAID						FEE			FEE	
	Total	• 22	Minus	<u>**27</u>	9 1	=		X\$/9	₹		OR	X\$18= /		
AME	Independent	* H	Minus	ENDEN	CLAIM			X43			ÓΒ	X86=		
لنا	FIRST PHESE	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	=		OR	+290=		
								TOT ADDIT. F		·	OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		CLAIMS REMAINING		HIGH NUM	IEST IBER	PRESENT				ADDI-	<b>-</b>	RATE	ADDI- TIONAL	
		AFTER AMENDMENT		PREVIO	OUSLY FOR	EXTRA		RATI		TIONAL' FEE		HAIE	FEE	
	Total	•	Minus	**		-		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		-		X43:	-		OR	X86=		
<b>▼</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	_		OR	+290=		
								TO	TAL.	<u> </u>	OR	TOTAL	-	
								ADDIT. F	:EE			ADDIT. FEE		
					mn 2) (Column 3)					ADDI-			ADDI-	
ပ		REMAINING AFTER			IBER OUSLY	PRESENT EXTRA.		RATI	E	TIONAL		RATE	TIONAL	
AMENDMENT C		AMENDMENT	ļ		FOR		1		FEE			FEE		
	Total	*	Minus	**		= .	4	X\$ 9	=		OR	X\$18=		
4ME	Independent	*	Minus ***		T CI AIR	<u> -</u>	┨.	X43:	<b>=</b> ]		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145	=		OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE											OR	TOTAL ADDIT. FEE		
	46 AL - 84 11-6 A Blue	-har Draidenshi D	aid Each IN TH	SPACE	is loss th	an 3. enter "3."		ADDIT. F		orooriate ho				
	The *Highest Nun	nber Previously Pa	ia for (Total o	ringepend	Jeny IS (N	e mynesi numb	ren 10	wie III 47	u ap	p. 0p. a.to 00		•		